

State STAR Events Chapter Assistance Form

Because of the large number of people it takes to run state STAR Events, **each chapter participating is required to provide at least two people (2 adults, or 1 student and 1 adult) who are able to assist with the events.** Volunteers are eligible to assist in any event category that does not involve local student participation. (For example, if your students are participating in Interpersonal Communications, Junior Category, you cannot assist in that event category. You **can**, however, assist in Interpersonal Communications, Senior or Occupational Category.) Additional volunteers are appreciated. Advisors, students and chaperones are encouraged to be volunteers.

The chapter advisor should complete this form and return it with the State STAR Events Confirmation Forms. Please provide complete information as this is used to generate mailing labels.

Completing this form **does not** confirm that you will be used. **Volunteers will be notified if they are assigned.** If time allows we will contact those individuals who completed a form but will not be used. In the event you are not contacted you can assume you have not been assigned to a volunteer position.

The following person(s) from our chapter will be assisting with state STAR Events:

Name: _____ ☐ Student ☐ Adult

Phone # : _____ E-Mail: _____

Name of Chapter: _____ Advisor: _____

Chapter ID: _____ Previous STAR Events experience, if any: _____

STATE OFFICE USE:

Evaluator ☐

Consultant ☐

Event: _____ *Category* _____

Name: _____ ☐ Student ☐ Adult

Phone # : _____ E-Mail: _____

Name of Chapter: _____ Advisor: _____

Chapter ID: _____ Previous STAR Events experience, if any: _____

STATE OFFICE USE:

Evaluator ☐

Consultant ☐

Event: _____ *Category* _____

Name: _____ ☐ Student ☐ Adult

Phone # : _____ E-Mail: _____

Name of Chapter: _____ Advisor: _____

Chapter ID: _____ Previous STAR Events experience, if any: _____

STATE OFFICE USE:

Evaluator ☐

Consultant ☐

Event: _____ *Category* _____

This form must be returned to the state office by February 27. Return this form to:

Missouri FCCLA
PO Box 480
Jefferson City, MO 65102
Fax: (573) 526-4261
mofccla@dese.mo.gov